



Models of Health Promotion and Illness Prevention

LEARNING OBJECTIVES

After mastering the contents of this lecture, the student should be able to:

1. Define the terminologies.
2. Describe the Health Belief Model
3. Explain the Health Promotion Model
4. List the Health-Illness Continuum Model
5. List the Agent-Host-Environment Model

TERMINOLOGIES

Agent	Model
Beliefs	Relationships
Environment	Susceptibility
Host	

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Introduction

Models of why and how individuals carry out behaviors to promote health and prevent illness are **useful** in helping healthcare providers understand health-related behaviors and adapt care to people from diverse economic and cultural backgrounds.

This knowledge can be used to overcome barriers to health from disparities in care resulting from such factors as:

1. The increasing number of people without health insurance.
2. Predicted upward trend in minority populations.
3. Lack of accessible and essential healthcare services for low-income and rural populations.

The Health Belief Model

The health belief model is concerned with what people perceive, or believe, to be true about themselves in relation to their health.

This model is based on three components of individual perceptions of threat of a disease:

- (1) Perceived susceptibility to a disease,
- (2) Perceived seriousness of a disease, and
- (3) Perceived benefits of action.

1. Perceived susceptibility to a disease

is the belief that one either will or will not contract a disease. It ranges from being afraid of contracting a disease to completely denying that certain behaviors will result in illness.

For example, one person who smokes cigarettes may believe he or she is at danger for lung cancer and may stop smoking, while another person may believe smoking poses no serious threat and continues to smoke.

2. Perceived seriousness of a disease

This component is related to how much the person knows about the

disease and can result in a change in health behavior.

If a person who smokes believes that lung cancer can lead to physical disability or death and would, therefore, affect his or her ability to work and care for the family, the person is more likely to stop smoking.

3. *Perceived benefits of action*

is concerned with how effective the individual believes measures will be in preventing illness. This factor is influenced by:

- a. the person's conviction that carrying out a recommended action will prevent or modify the disease .
- b. the person's perception of the cost and unpleasant effects of performing the health behavior.

For example, the person may believe that stopping smoking will prevent future breathing problems and that the initial withdrawal symptoms can be overcome; therefore, the person may stop smoking.

Modifying factors for one's health beliefs include:

1. Demographic variables (such as age and gender),
2. Socio-psychological variables (such as personality and peer group pressure),
3. Structural variables (such as knowledge and prior contact with the disease).

These factors interact to influence the perceived benefits of preventive action minus the perceived barriers to preventive action.

Cues to action are also modifying factors and are provided by activities such as:

1. Others' advice,
2. Mass-media campaigns,
3. Literature,
4. Appointment-reminder telephone calls or postcards,
5. Illness of a significant other.

The Health Promotion Model

This model is based on two components:

1. Individual characteristics and experiences.
2. Behavior-specific knowledge and beliefs.

The components of the model can be used to design and provide nursing interventions to promote health for individuals, families, and communities.

1. Individual characteristics and experiences can be useful in predicting if an individual will incorporate and use health-related behaviors.

If a behavior has been used before and becomes a habit, it is more likely to be used again.

Personal biologic, psychological, and sociocultural factors, including age, gender, strength, self-esteem, perceived health status, definition of health, acculturation, and socioeconomic status are all predictive of a given health-related habit.

For example, the person who has high self-esteem, defines self as healthy, and has an adequate income might be less likely to use alcohol or tobacco and more likely to follow a healthy diet and take part in regular exercise. Conversely, a person with low self-esteem, a fatalistic attitude toward health, and a low socioeconomic base might be more likely to have poor nutrition, never exercise, and use addictive substances.

2. Behavior-specific knowledge, beliefs, and relationships.

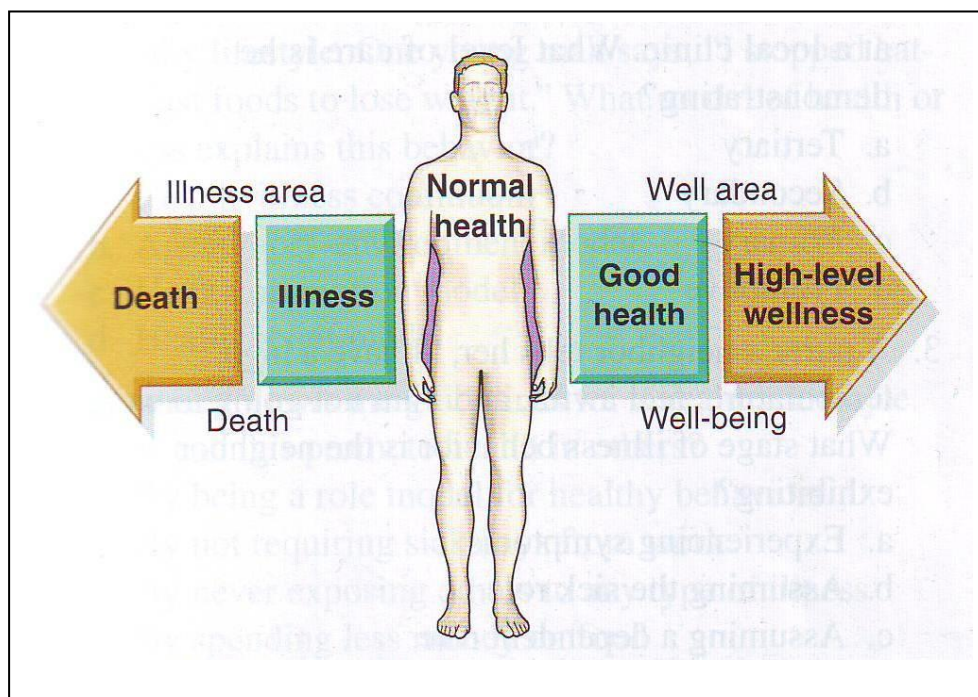
These include the belief that there will be a positive outcome from a specific health behavior that one has the skill and competence to engage in health behaviors, and that one is affected by the interpersonal influences of others (especially family, peers, and healthcare providers).

Situational influences, such as no-smoking policies, also influence health behaviors.

Barriers to action, which include perceptions of unavailability, inconvenience, expense, difficulty, or time, usually result in avoidance of a behavior.

The Health-Illness Continuum Model

The health–illness continuum is one way to measure a person's level of health. This model views health as a constantly changing state, with high-level wellness and death (**Fig. 1**).



The continuum illustrates the ever-changing state of health person adapts to changes in the internal and external environments to maintain a state of well-being.

For example, a patient with cancer may view himself or herself at different points on the continuum at any given time, depending on how well the patient believes he or she is functioning with the illness.

The Agent-Host-Environment Model

is useful for examining the causes of disease in an individual.

An agent is an environmental factor or stressor that must be present or absent for an illness to occur.

For example, the factor may be bacteria or a virus, a chemical substance,

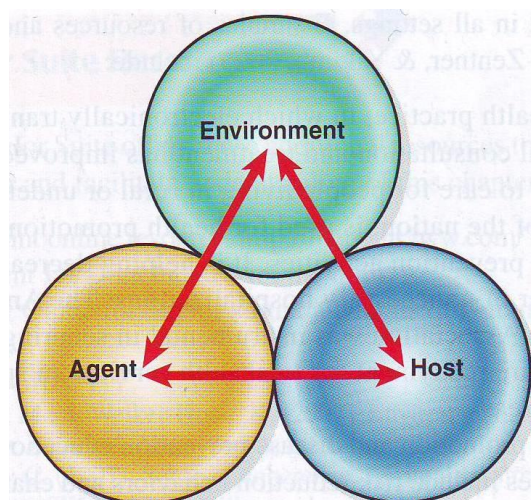
or a form of radiation whose presence, excessive presence, or absence (such as in a vitamin-deficiency disease) is necessary for an illness.

A **host** is a living organism capable of being infected or affected by an agent. The host reaction is influenced by **family history, age, and health habits**.

The environment includes all the factors external to the host that make illness more or less likely. The factors can include any that influence health, including **physical, social, biologic, and cultural factors**.

For example, a person who has poor nutritional habits and gets little sleep is at increased risk for infection during an outbreak of influenza. If that person also immune deficient (as in AIDS), the risk is even greater.

The triangle in **(Fig. 2)** illustrates how each of the agent –host–environment factors affects and is affected by the other these factors are constantly interacting, and a combination of factors may increase the risk of illness. When the factors are **balanced**, health is maintained; when they are **out of balance**, disease occurs. Thus, health is an ever-changing state.



(Fig. 2) the agent –hot-environment triangle

References:

Taylor , C., et al.: **Fundamentals of Nursing : The Art and Science of Nursing care**, 7th ed.,2011, Lippincott.P.P.(49-51).